

# CENTERS FOR DISEASE CONTROL AND PREVENTION

(dollars in millions)

	1998 Actual	1999 Enacted	2000 Request	Request +/- Enacted
Budget Authority.....	\$2,384	\$2,643	\$2,820	+\$178
Program Level.....	\$2,521	\$2,915	\$3,116	+\$201
Outlays.....	\$2,409	\$2,438	\$2,651	+\$213
FTE.....	7,093	7,522	7,631	+109

## SUMMARY

The FY 2000 budget requests a total of \$3.1 billion for the Centers for Disease Control and Prevention (CDC), an increase of \$201 million, or seven percent, over the FY 1999 level. This includes \$118 million in funds provided through the Public Health and Social Services Emergency Fund (PHSSEF) for CDC activities related to bioterrorism.

CDC is the leading public health agency responsible for promoting health and quality of life by preventing and controlling disease, injury and disability. CDC works with States, local public health agencies, and partners throughout the Nation and the world to accomplish this mission. Together, they monitor health, detect and investigate disease outbreaks and other health problems, conduct research, develop and advocate sound health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthy environments, and provide public health leadership and training.

## RESPONDING TO BIOTERRORIST THREATS

The budget includes \$118 million in the PHSSEF, along with \$20 million in infectious diseases, for CDC's response to the threat of chemical and biological terrorism. Of this amount, \$40 million will

support disease surveillance activities which are addressed under Infectious Diseases.

Bioterrorist attacks are likely to be surreptitious and symptoms will frequently resemble less serious diseases at first. Public health officers must be able to obtain, analyze, and share surveillance information rapidly if they are to prevent widespread death, disability and societal disruption caused by terrorist attacks.

Funding also will support the following activities:

- Expanding epidemiological capacity which will better prepare States to detect and respond to disease outbreaks caused by bioterrorism.
- Expanding laboratory capacity that will ensure a lethal biological agent released anywhere in the country can be quickly identified.
- Developing a rapid toxic screen that can quickly identify up to 150 potential chemical threats released in a terrorist attack.
- Creating and maintaining a civilian pharmaceutical stockpile that would be used in the event of a bioterrorist attack.

## **INFECTIOUS DISEASES**

The budget includes \$182 million for infectious diseases, an increase of \$44 million, or 32 percent, over the FY 1999 level.

### ***FOOD SAFETY INITIATIVE***

Foodborne diseases are estimated to cause 9,000 deaths and 6.5 to 33 million illnesses in the United States each year. Recent disease outbreaks of E coli 0157: H 7, and various strains of Salmonella demonstrate the need for expanded investment in food safety.

The budget proposes \$29.5 million for food safety, an increase of \$10 million, or 51 percent, above the FY 1999 level. These funds will support activities under the Food Safety Initiative in which CDC participates with FDA and USDA. CDC will expand PulseNet, the national network of public health labs that perform DNA “fingerprinting” of disease causing bacteria. The number of labs using PulseNet to identify E coli 0157:H 7 will expand from 29 to 40. An increase of 33 new labs, for a total of 40, will have the ability to identify new strains of *Salmonella*.

### ***EMERGING INFECTIOUS DISEASES***

Dramatic increases in international commerce and travel, changes in the environment, and increasing stresses on our public health infrastructure have contributed to both the emergence and the rapid transmission of drug resistant and new and resurgent bacteria, fungi, parasites, and viruses. The recognition in late 1997 of H5N1 influenza in Hong Kong highlights the potential for new diseases to emerge.

Emerging infectious diseases contribute substantially to the burden of disease borne by the American public. For example, the last two influenza pandemics, with more than 70,000 deaths occurring in 1957 and

28,000 in 1968, totaled an estimated \$32 billion in direct and indirect costs.

The budget proposes a total of \$94.1 million for emerging infectious diseases, an increase of \$15 million, or 19 percent above the FY 1999 level. Of this amount, \$5 million would fund planning and education activities for Hepatitis C, and \$10 million would fund emerging infectious disease surveillance, which will enhance the ability of State and local public health officials to respond to multi-State outbreaks of diseases and to share information, both among themselves and with CDC officials, about emerging infectious disease emergencies and trends.

### ***IMPROVED SURVEILLANCE***

Disease surveillance is an integral part of many of CDC’s programs –especially its Infectious Disease program and Response to Bioterrorist Threats.

The budget proposes a major improvement in the coordination of public health surveillance and communication. Surveillance activities in bioterrorism (\$40 million) emerging infectious diseases (\$15 million) and food safety (\$10 million) would be combined to support the National Electronic Disease Surveillance Network Initiative (NEDSNI). This initiative will integrate CDC’s surveillance activities into a National system that will collect and analyze epidemiological information on the occurrence of communicable diseases. In addition, the network will establish a link between the public health and medical communities for obtaining surveillance information electronically.

### ***LABORATORY CAPACITY***

The FY 2000 budget also includes \$32 million to be directed to construction projects at two infectious disease laboratory sites. With \$22 million of these funds CDC will complete the construction of a laboratory dedicated to measles, food-borne diseases, rotavirus and the Antibiotic Resistance Units of the Hospital Infections Program. The remaining \$10 million will fund the construction of several support laboratories that will replace facilities constructed during the 1940s. (Funding for these projects is included under the line item, "Buildings and Facilities.")

### **ADOLESCENT SMOKING AND HEALTH**

Smoking is the leading preventable cause of death in the United States. The health ravages caused by tobacco use continue to escalate each year, especially among teens, as one million young people become regular smokers. Studies show that over 80 percent of adult smokers became regular smokers before the age of 18. Preventing the next generation of young people from initiating this habit will significantly improve health for future generations and reduce health care costs.

The multi-billion settlement States have made with the tobacco industry provides a historic opportunity to protect generations of teenagers from the negative health effects of smoking. The budget includes \$101 million for CDC support of State tobacco control, an increase of \$27 million, or 36 percent, above the FY 1999 level. With these funds, CDC will provide States the capacity to conduct science-based tobacco control programs proven to be effective in reducing teen-smoking.

In FY 2000, CDC's two anti-smoking initiatives for States, the American Stop Smoking Intervention Study (ASSIST — transferred from the National Institutes of Health), and Initiatives to Mobilize for the

Prevention and Control of Tobacco Use (IMPACT), will be combined into the National Tobacco Control Program (NTCP). The NTCP will build on the foundation laid by the IMPACT program and the research findings of the ASSIST program, as well as the lessons learned in States with tobacco use prevention programs. The grants to States will increase by 29 percent, from \$51 million in FY 1999 to \$66 million in FY 2000. Support will be expanded for the following activities:

- Educational and communications programs to depict the hazards of tobacco use and reduce the demand for tobacco products;
- School-based prevention and cessation programs;
- State and local efforts to protect nonsmokers, especially children, from exposure to environmental tobacco smoke;
- Training and technical assistance for local communities to implement tobacco prevention strategies; and,
- Data collection and evaluation of program impact.

### **CHILDHOOD IMMUNIZATION**

The Childhood Immunization Initiative (CII) has been a major Administration priority for over six years. Delivery of safe and effective vaccines is the most cost-effective method of preventing illness. This investment has enabled the Nation to continue to exceed the goal of at least 90 percent of 2-year-old children receiving the most critical vaccines. According to the National Immunization Survey, vaccination rates as of June 1998 include the following:

- 95 percent of 2-year-olds had received three of the four doses of a diphtheria, tetanus, pertussis vaccine (DTaP);
- 91 percent had received three or more doses of polio vaccine;
- 91 percent had received a measles vaccine.

In 1998, vaccine-preventable disease levels continued to be at, or near, record low levels according to the following provisional case numbers:

- 89 cases of measles compared to over 27,000 cases in 1990.
- One case of diphtheria and 34 cases of tetanus were reported in 1998.
- 260 cases of *Haemophilus influenzae* since 1991.

The goal for the year 2000 is to ensure that at least 90 percent of all two-year-olds receive the full series of vaccines and a vaccination system is built that will sustain and further improve high coverage levels.

The FY 2000 immunization budget is \$1.1 billion. Total funding includes \$545 million in entitlement funding for the Vaccines for Children (VFC) program, through which Medicaid pays for vaccines for uninsured Medicaid eligible children and Native Americans. VFC funding is \$21 million less than in FY 1999, as the new Children's Health Insurance Program is reducing the number of uninsured children.

The discretionary component of the immunization budget is \$526 million, \$77 million more than in FY 1999. Of this increase, \$60 million will be used to purchase vaccines to immunize underinsured children through the public health system. This increase is needed to provide all the

vaccines now recommended by the National Advisory Committee on Immunization Practices (ACIP). These include vaccines for rotavirus (the leading cause of severe diarrhea in infants), and catch-up vaccinations for hepatitis B and the second dose of MMR for adolescents who have not previously received the complete series.

The request for FY 2000 also includes \$99 million for global polio and measles eradication, an increase of \$17 million over FY 1999. While world-wide polio cases were reduced 85 percent between 1988 and 1998, a major international increase in effort will be needed to reach the World Health Organization's goal to eliminate polio in the year 2000.

#### **DEMONSTRATIONS TO REDUCE HEALTH DISPARITIES IN MINORITY POPULATIONS**

Race and ethnicity correlate with persistent, and often growing, health disparities among U.S. populations. This increasing problem demands national attention. In response to the President's Initiative on Race, HHS is committed to developing a comprehensive strategy to reduce health disparities among ethnic and minority groups.

CDC budget includes \$35 million to continue and expand new research/demonstration projects in communities across the country which address six identified areas of health disparities: infant mortality, cancer, heart disease, diabetes, HIV infections, and child and adult immunizations. These communities will be able to apply these funds to address health problems that they perceive as their greatest needs.

#### **HIV/AIDS AND STDs**

The budget includes \$667 million for HIV/AIDS, a \$10 million increase over FY 1999. This increase will initiate a

“Know Your HIV Status” campaign. This initiative will target minority populations.

The budget includes \$131 million for STD prevention and control, a \$7 million increase. The relationship between HIV and other STDs has been well-documented in worldwide studies which conclude that presence of another STD increases by two to five times the risk that an exposed person will develop HIV. As a result, preventing and treating STDs decreases the likelihood of HIV transmission.

#### **NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)**

NIOSH establishes and disseminates scientific and public health information necessary to ensure safe and healthful working conditions for millions of American working men and women. Research will continue to include occupational lung disease, musculoskeletal injuries, cancers, traumatic injuries, reproductive disorders, neurotoxic disorders, cardiovascular disease, noise-induced hearing loss, dermatologic conditions, and protective equipment. These efforts will help to address solutions to occupational disease and workplace safety concerns in those fields where the dangers are the greatest. CDC’s budget includes \$212 million for NIOSH, an increase of \$12 million over the FY 1999 level. This increase will support the National Occupational Research Agenda (NORA), NIOSH’s research program developed cooperatively with academic centers and industry.

#### **VIOLENCE AGAINST WOMEN**

Nearly 2 million American women experienced domestic or sexual violence in 1996. The budget includes a total of \$75 million, an increase of \$11 million above the FY 1999 level, for CDC to support the Department’s Initiative to combat Violence Against Women (VAW).

CDC has a key role in ensuring that the Department’s response to VAW – including both prevention and service delivery – is supported by science. CDC will use its approach of improving public health prevention to work with State and community partners to help increase the effectiveness of VAW practitioners. Specifically, CDC and its partners will use a scientific approach to evaluate services and bring in new partners, such as businesses and educational institutions, to improve service delivery and provide prevention opportunities.

#### **INJURY PREVENTION**

In addition to funds for Violence Against Women, the budget includes \$65.5 million for injury prevention, an increase of \$2 million, or three percent, above the FY 1999 level. Funds will support the Safe USA initiative which will collect and analyze information on the number of injuries in the nation and how they are caused. With this information, CDC will help communities identify their injury problems, spend their resources wisely, and know if their efforts are making a difference.

#### **HEALTH STATISTICS**

The budget includes \$110 million, an increase of \$15 million over the FY 1999 level, for expanded support of HHS health survey and data collection efforts. In FY 2000 the entire request for NCHS will be provided through inter-agency funds transfers. Major statistical systems operated by NCHS track change in health and health care, plan, target, and assess the effectiveness of public health programs, and identify health problems, risk factors, and disease patterns in the United States. These funds will be used to expand the National Vital Statistics program (\$1 million), the National Health Interview Surveys (\$3 million), the National Health and

Nutrition Examination Survey (NHANES; \$1 million), and start new targeted surveys (\$3.5 million). \$6 million would be used to strengthen CDC's intramural statistical program.

#### **PREVENTIVE HEALTH BLOCK GRANT**

The Preventive Health Block Grant would be funded at \$120 million (plus \$45 million in Crime Bill funding), which is \$30 million below the FY 1999 level. The grant provides States with funds for preventive health services, not covered by other grants, to reduce preventable morbidity and mortality and improve quality of life for all Americans. The funds are allocated to the States, the District of Columbia, Territories, and eligible Indian Tribes and Tribal Organizations that apply.

#### **AGENCY FOR TOXIC SUBSTANCES DISEASE RESEARCH (ATSDR)**

ATSDR is funded through Superfund, which is managed by the Environmental Protection Agency. ATSDR performs public health activities related to Superfund Toxic Waste sites. These include health consultations, epidemiological surveillance, profiles of the health effects of hazardous substances, and education of health care providers near Superfund sites. EPA's budget proposes \$64 million for ATSDR in FY 2000, a decrease of \$12 million.

# CDC OVERVIEW

(dollars in millions)

	1998 Actual	1999 Enacted	2000 Request	Request +/- Enacted
<b>Centers for Disease Control and Prevention:</b>				
Infectious Diseases.....	\$113	\$138	\$182	+\$44
<i>Emerging Infectious Diseases (non-add)</i> .....	59	79	104	+25
<i>Food Safety (non-add)</i> .....	15	20	30	+10
Heart Disease and Health Promotion.....	74	128	155	+27
<i>Tobacco (non-add)</i> .....	28	74	101	+27
Immunization/1.....	430	449	526	+77
Race and Health Demonstration Projects.....	0	10	35	+25
Sexually Transmitted Diseases.....	112	124	131	+7
HIV/AIDS.....	625	657	667	+10
Diabetes and Other Chronic Diseases.....	60	80	80	0
Breast and Cervical Cancer.....	143	159	159	0
Occupational Safety and Health.....	187	200	212	+12
Injury.....	56	64	76	+13
<i>Violence Against Women (non-add)</i> .....	0	0	11	+11
Health Statistics.....	85	95	110	+15
<i>1% Evaluation (non-add)</i> .....	59	68	110	+42
Prevention Research.....	0	15	15	0
Preventive Health Block Grant.....	194	195	165	-30
<i>Crime Bill/ Rape Prevention</i> .....	45	45	45	0
Tuberculosis.....	118	120	120	0
Cancer Registries.....	24	24	24	0
Environmental Disease Prevention/1.....	54	67	67	0
Childhood Lead Poisoning.....	38	38	38	0
Prevention Centers.....	8	14	14	0
Epidemic Services.....	67	86	85	-1
Buildings and Facilities.....	22	18	40	+22
Office of the Director.....	34	31	30	-1
<i>1% Evaluation (non-add)</i> .....	.7	.7	0	-1
Bioterrorism/2 (PHSSEF).....	0	124	118	-6
EPA Superfund Allocation (ATSDR).....	74	76	64	-12
Mandatory Budget Authority (Diabetes).....	3	3	3	0
User Fees.....	1	1	1	0
<b>Subtotal, Program Level</b> .....	<b>\$2,521</b>	<b>\$2,915</b>	<b>\$3,116</b>	<b>+\$201</b>
<b>Less Funds Allocated from Other Sources :</b>				
Bioterrorism (PHSSEF).....	0	124	118	+6
1% Evaluation (Health Statistics).....	59	68	110	-41
EPA Superfund Allocation (ATSDR).....	74	76	64	+12
Mandatory Budget Authority (Diabetes).....	3	3	3	0
User Fees.....	1	1	1	0
<b>Total, Budget Authority</b> .....	<b>\$2,384</b>	<b>\$2,643</b>	<b>\$2,820</b>	<b>\$178</b>
FTE.....	7,093	7,522	7,631	+109

1/FY 1999 Enacted reflects a comparable transfer from the Public Health and Social Services Emergency Fund of \$28 million for polio and measles and \$5 million for the environmental health lab.

2/ Includes \$1.85 M in FY 1999 for Nuclear Weapons Radiation Study